

**HEALTH INFORMATION TECHNOLOGY BLUE RIBBON TASK FORCE
MEETING MINUTES**

**April 09, 2010
9:00 am**

**Legislative Building
401 South Carson Street, Room 2134
Carson City, NV 89701-4747**

**Grant Sawyer State Office Building
555 East Washington Avenue, Room 4401
Las Vegas, NV 89101-1072**

TASK FORCE MEMBERS PRESENT:

Carson City:

Peggy Brown
Robert “Rob” Dornberger
Charles “Chuck” Duarte
Rick Hsu
Scott Kipper
Stephen Loos, MD

Las Vegas:

Dr. Raymond Rawson, Chairman
Marc Bennett, Vice Chairman
Bobbette Bond
Chris Bosse
Tom Chase
Valerie Rosalin, RN
Robert “Bob” Schaich
Dr. Maurizio Trevisan
Glenn Trowbridge

TASK FORCE MEMBERS EXCUSED:

Tracey Green, MD
Marena Works, RN
Brian Brannman
JoAnne Ruh

DEPARTMENT OF HEALTH AND HUMAN SERVICES (DHHS) STAFF PRESENT:

Mike Willden, Director, Department of Health and Human Services (DHHS)
Lynn O’Mara, Health Information Technology Project Manager, Director’s Office, DHHS
Cynthia Pyzel, Assistant Chief, Bureau of Public Affairs, Office of the Attorney General
Gabriel Lither, Senior Deputy Attorney General, Office of the Attorney General
Mel Rosenberg, Chief of IT, Nevada Division of Health Care Financing and Policy
Ernesto “Ernie” Hernandez, IT Manager III, Office of Informatics and Technology, Health Division
Theresa Presley, IT Professional II, Office of Informatics and Technology, Health Division
Joyce Miller, Administrative Assistant, Director’s Office, DHHS

OTHERS PRESENT:

Dustin Boothe, Senior Disease Investigator, Carson City Health and Human Services
Kevin Hayes, Vice-President, Arizona Nevada Tower Corporation (ANTC)
Deborah Huber, HealthInsight, Las Vegas
Keith Parker, HealthInsight, Las Vegas
Marc Amorelli, Hometown Health
Gabriel Bonnet, MD
Alex Kasper
Alex Tunchek
Cy Ryan, Las Vegas Sun
Burlin H. Ackles MD

Dr. Raymond Rawson, Chairman, called the meeting to order at 9:00 a.m. He stated that today's meeting agenda was posted in accordance with Nevada Open Meeting Law at the Nevada Department of Health and Human Services, the Grant Sawyer State Office Building, the Legislative Building, the Nevada State Library and Archives, and on the Nevada Department of Health and Human Services web site. He also explained that the meeting was being videoconferenced from the Grant Sawyer Building in Las Vegas to the Legislative Building in Carson City, as well as being broadcast live over the Internet.

Dr. Rawson stated that public comment would be taken later during the meeting. He reminded everyone that when speaking to state their name and who they represented, for the record. Also, he commented that as the Chairman, he reserved the right to limit comments to three (3) minutes per person, and would respectfully interrupt if the time was exceeded. He asked that information already presented by someone else not be repeated. In addition, he further explained that our committee follows the Robert's Rule of Order.

Dr. Rawson reminded everyone in Carson City and Las Vegas to please sign the attendance sheet for their location.

He announced that earlier in the week, Governor Gibbons appointed JoAnne Ruh to the Task Force. Unfortunately, she could not attend today's meeting. He explained that Ms. Ruh is the Chief Information Officer for the Nevada Cancer Institute and has over 20 years experience in all aspects of IT, including substantial experience with Health IT. She was a founder and board member of a regional Health Information Organization in western New York. She also has a BA in Economics and an MBA with a concentration in Health Care Administration.

Dr. Rawson asked Ms. O'Mara to make additional introductions.

Ms. O'Mara announced that Todd Radtke was no longer with the Broadband Task Force due to his job demands for the Nevada Rural Hospital Partners. The Governor appointed Vice Chair Daphne DeLeon as he new Chair. While she could not attend today's meeting, she hoped to participate at future ones. Todd is still available to this Task Force as a subject matter expert. Ms. O'Mara informed the Task Force that Senior Deputy Attorney General, Gabriel Lither, would provide counsel to the Task Force, along with Cindy Pyzel, to ensure coverage for all meetings. Mr. Lither represents Nevada Medicaid and provides counsel to the Health Division Primary Care Advisory Council.

Dr. Rawson directed Joyce Miller to call the roll.

1. Roll Call and Approval of Meeting Minutes from the February 12, 2010 meeting

Joyce Miller called the roll. She informed the Chairman that Brian Brannman was excused; Dr. Tracey Green was excused and represented by Ernie Hernandez; JoAnne Ruh was excused; and Marena Works was excused and represented by Dustin Boothe.

Ms. Miller informed Dr. Rawson that a quorum was present.

Dr. Rawson explained that those individuals representing Task Force Member had voting rights. He encouraged their participation in Task Force discussions, as part of the team.

Dr. Rawson asked the Task Force members if there were any additions, corrections or comments to the minutes of the February 12, 2010 meeting. There being none, he asked for a motion to approve the minutes.

MOTION: Bob Schaich moved to approve the minutes from the February 12, 2010 meeting.

SECOND: Valerie Rosalin

APPROVED: UNANIMOUSLY

2. Informational Item: ARRA Broadband Initiatives Program (BIP) Application to the Rural Utility Service (RUS of the U.S. Department of Agriculture (USDA))

Dr. Rawson stated that during the February meeting, during public commit, ANTC reported it would be submitting an application for broadband funding. The Task Force agreed to allow them time to present an overview of their application. Dr. Rawson stated that the application was a companion to the Nevada Hospital Association application, which was also outlined during the February meeting. He commented that some of the Task Force Subcommittees may want to work with Mr. Willden and the Nevada Hospital Association, regarding broadband issues for HIE.

Kevin Hayes, ANTC Vice President, provided information to the Task Force contained in the handout entitled "ANTC Nevada Community Anchor Wireless Backhaul Solution" regarding his company's ARRA broadband grant application to the USDA.

Mr. Hayes stated that ANTC had been developing broadband communication infrastructure for rural and tribal communities in Nevada since 2003. The company also provided cost effective alternatives to fiber optics. He explained that ANTC had submitted its BIP application for the second round middle mile funding. The company was proposing a system designed specifically to provide high-speed assistance to anchor institutions in each of the communities they pass through. He explained that this service was not limited to these community anchor institutions, and would be available as a wholesale service, even to commercial users. This alternative to fiber optics would provide significant access to broadband for community anchor institutions, enterprise users and commercial users. The related network of tower structures could be utilized for public safety and mobile wireless communications.

Mr. Trowbridge inquired about coverage for communities such as Laughlin and Searchlight. Mr. Hayes replied that the necessary infrastructure was in place, and the capability could be accessed via Christmas Tree Pass.

Mr. Schaich asked if there were any competing carriers looking to provide broadband services in the same referenced corridors. Mr. Hayes replied that incumbent fiber optics already existed in some of the corridors, although not all. However, AT&T provided was an incumbent provider.

3. Staff Report: State Health Information Exchange Cooperative Agreement

Ms. O'Mara stated that DHHS did receive the agreement funding notice on February 12, 2010, although the funding was restricted until certain requested information was provided to and approved by ONC. DHHS submitted the information by the due date, and hoped that the funding would be released soon. She reported that ONC and CMS had approved five types of shared HIE activities that could be done by Medicaid and the HIE grant. The federal agencies acknowledged that for many states being able to pool resources enabled the activities to be done more efficiently and effectively. One such activity was the environmental scan, and it would be done as a joint effort of the HIE grant and Medicaid's HIE funding.

Ms. O'Mara commented that there were some unanticipated new requirements stipulated by the cooperative agreement, and all of the requirements were essentially the To Do List for her and the Task Force. She reported that there were fewer dollars allocated for the planning phase as HITECH restricted that allocation to no more than 10 per cent of the total award. For Nevada, it meant that \$613,343 could be used for getting the Strategic Plan and Operational Plan developed, and both were due to ONC by August 31, 2010.

Ms. O'Mara reported that she and all the state HIT coordinators would be attending the mandatory HIE Cooperative Agreement kick-off meeting being held in the Washington, DC area in mid-May. She also reported that *HealthInsight* had provided additional information regarding Nevada's REC, and stated it would be posted on the DHHS HIT Web site as soon as possible. Ms. O'Mara explained that one of the new grant requirements was a formal legal inventory for developing an HIE policy framework, and funding was now allocated to accomplish this task. The agreement funding allocated for implementation was now divided between intra-state HIE and Interstate and nationwide HIE. She also reported that she and Mr. Duarte would be attending the National Governors Association State Alliance for e-Health regional meeting later this

month. The purpose was to discuss HIT and HIE Cooperative Agreement issues being experienced by the states and territories, and ONC and CMS would have representatives present

Mr. Duarte commented that there were components of the environmental scan that were specific to Medicaid that would be used to develop the EHR incentive program. These included the actual number of eligible providers and the size of their Medicaid population. The scan results would be available 90 days after the project was initiated.

Ms. O'Mara commented that the College of Southern Nevada announced they has received funding s part of the HITECH Workforce Development Training Awards, and asked Dr. Trevisan to provide more detailed information.

Dr. Trevisan explained that Los Rios College in California was now providing short-term certification courses that could be completed in less than 6 months. The Workforce Development funding of approximately \$5 million was awarded to an ONC-specified region composed of California, Arizona, Hawaii and Nevada, and the College of Southern Nevada was the Nevada participant.

Ms. O'Mara announced that during the May 7, 2010 meeting of the Task Force, there would be a panel of presenters focusing on HIT workforce readiness issues. Dr. Trevisan and Caroline Ford, from the University of Nevada School of Medicine, would focus on Nevada-specific concerns. Dr. William Hersh, a recognized national expert on HIE and workforce readiness issues, would part of the panel.

Ms. O'Mara reported that technical errors had been noted in the Task Force Bylaws. For the next meeting, a corrected draft would be provided to the Task Force members for review, and it would be an action item on the agenda.

Ms. Bond inquired about the timeline for getting the environmental scan completed. Ms. O'Mara replied that providing the Board of Examiners approved the requested vendor contract amendment on April 13, 2010 and HIE grant funding authority was granted by the Interim Finance Committee on April 29, 2010, the scan performance period was expected to be May 1 to July 31, 2010.

4. Appointments: HIE Planning Subcommittees

Dr. Rawson stated that since there was such a tremendous amount of work to be done, he and Mr. Bennett agreed that appointing task-specific Subcommittees was the best approach. He directed Ms. O'Mara to be sure that he and Mr. Bennett were notified of all Subcommittee meetings, commenting that they would do their best to attend and support them, as often as possible.

Ms. O'Mara reviewed the information provided to the Task Force members regarding the framework for Subcommittee meetings. All Subcommittee meetings would be held via conference calls, in accordance with Nevada Open Meeting Law. She reminded everyone that the Task Force Bylaws applied to the Subcommittees. Ms. O'Mara reported that transparency and broad stakeholder participation were mandated by the HIE Cooperative Agreement. Task Force and Subcommittee members will receive all Subcommittee meeting agendas, and the Subcommittees were encouraged to coordinate and collaborate on their efforts.

As a side note, Ms. O'Mara reported that ONC approved the funding of four positions under the agreement: her position as HIT Project Manager, Ms. Miller's position as Administrative Assistant, a Health Program Manager position, and an Accounting Assistant Position.

Mr. Lither responded to questions regarding subcommittee members working together outside of formal meetings, and reviewed what was and what was not acceptable under Open Meeting Law. Dr. Rawson commented that the Task Force was dedicated to an open process, and nothing would be secret from the public.

Ms. O'Mara explained that the Subcommittees members could call can on whatever subject matter experts, stakeholders, coalitions, other Taskforce members, other subcommittees, etc. they felt necessary to assist with

their deliberations. She also commented that public workshops were an option, to obtain necessary feedback from affected stakeholders.

Ms. Bond suggested an April 23rd start date for Subcommittee meetings, and allowing 2 hours. Ms. O'Mara stated that Open meeting Law requirements could be met, for meetings on April 23, 2010.

For the record, Dr. Rawson asked Ms. O'Mara to specify each Subcommittee name, membership and objectives.

Subcommittee on HIE Technical Infrastructure - Stephen Loos, MD – Chair

Brian Brannman	Ernie Hernandez
Robert Schaich	Todd Radtke
Alicia Hansen	Mel Rosenberg

Objectives: Recommend a statewide HIE technical infrastructure that leverages existing efforts, resources and assets; facilitates shared directories and technical services; ensures intra-state, interstate and nationwide HIE, including the NHIN; enables telemedicine integration into EHRs; is integrated, scalable and technically sustainable; meets interoperability standards and requirements and supports HIE services.

Mr. Hsu inquired if all members of a Subcommittee had voting rights. Ms. O'Mara confirmed that they did.

Subcommittee on HIE Governance and Accountability - Bobbette Bond – Chair

Chuck Duarte	Deborah Huber
Rick Hsu	Dr. Gregory Mosier
Scott Kipper	Bill Welch
JoAnne Ruh	

Objectives: Recommended a statewide HIE governance structure that enables statewide HIE for health care stakeholder groups, including providers, payers and pertinent government agencies via a State Designated Entity (SDE); facilitates coverage of all providers for meeting HIE and meaningful use requirements; ensures the coordination, integration and alignment of efforts with Medicaid, public health (e.g., immunization registry, communicable disease reporting, epidemiological surveillance, etc.), federal health delivery systems (e.g., IHS, VA, DoD, etc.), and state health insurance exchanges; protects personal health information in a secure manner; establishes mechanisms to provide oversight and accountability of HIE to protect the public interest and ensures HIE among providers are compliance with applicable policies and laws; creates new private sector business and job opportunities and enables health economics analysis and evaluation.

Subcommittee on HIE Financial Viability and Sustainability - Chris Bosse – Chair

Robert Dornberger	Steve Boline
Tom Chase	Jack Kim
Leslie Johnstone	Dr. Jeanne Wendel

Objectives: Identify feasible public and/or private financing mechanisms for funding the required federal matches for HIE grants, the HIE SDE, and EHR adoption and make recommendations on which mechanism(s) would be the best path to a sustainable HIE.

Subcommittee on EHR Adoption and Meaningful Use - Marc Bennett – Chair

Dr. Tracey Green	Justin Luna
Dr. Maurizio Trevisan	Larry Matheis
Caroline Ford	Keith Parker

Objectives: Identify barriers to EHR adoption and potential strategies to remove the barriers; recommend standards for HIE data transmission and aggregation that support clinical care standards and meaningful use; identify workforce readiness requirements and recommend strategies and/or programs to meet workforce needs.

Subcommittee on HIE Privacy, Security and Patient Consent - Glenn Trowbridge – Chair

Peggy Brown	Rebecca Gasca
Valerie Rosalin	Ernie McKinley
Marena Works	Theresa Presley

Objective: Recommend a statewide HIE policy framework that protects the privacy and security of personal health information.

Mr. Trowbridge stated that he would like the record to show that he suggested the initial Subcommittee on Privacy meeting convene on April 23rd.

Ms. O'Mara stated that a Subcommittee Contact List would be distributed to all of the Subcommittee members by the following week.

Pursuant to Section V, Subsection B of the Task Force Bylaws, Dr. Rawson appointed all referenced Subcommittees and Subcommittee members.

Mr. Bennett asked Ms. O'Mara if spoken with Ms. Ruh regarding her technical expertise and experience, i.e., her involvement with the New York effort. He suggested that she be placed on the HIE Technical Infrastructure Subcommittee, instead of the HIE Governance and Accountability Subcommittee.

Ms. O'Mara responded that she had spoken with Ms. Ruh, who had commented she had an interest in the HIE Governance and Accountability Subcommittee, and also, stated she was willing to work with the other Subcommittees and assist where needed.

Dr. Rawson requested that Ms. O'Mara ask Ms. Ruh if she was willing to serve on both Subcommittees, and report back during the next Task Force meeting.

5. Review and Discussion: Draft HIT Blue Ribbon Task Force Report to the Governor

Dr. Rawson reminded the Task Force that their first report to the Governor was due at the end of April. Referring to the draft report provided to the Task Force members, he explained that all feedback from the discussion during this meeting would be incorporated into a second draft. Ms. O'Mara stated that the second draft would be sent to the Task Force on or before April 15, 2010, and comments would need to be received no later than April 21, 2010. The final draft would be sent to Dr. Rawson, Mr. Willden and Mr. Bennett for final review and approval, and then submitted to the Governor's Office on or before April 30, 2010.

Ms. O'Mara noted that the report's preliminary recommendations would include four proposed Bill Draft Requests (BDRs). She explained that final Executive Branch BDRs were due to the Legislative Counsel Bureau (LCB) by September 1, 2010. This would allow some time to discern what might actually be needed, as the Task Force reviewed the results of the work done by the Subcommittees, the environmental scan and the legal inventory.

Mr. Bennett asked for clarification on any state general fund requirements needed by DHHS, and if there was time before state budgets were due. Ms. O'Mara reported that budgets could be revised through August, and that the draft report to the Governor stated the Task Force would provide updated information and/or recommendations to the Governor's Office by August 23, 2010.

Mr. Willden reviewed the process and timeline for submitting BDRs for the 2011 Legislative Session. He explained that the Budget Office needed proposed legislation submitted to them by May 3, 2010. This means he needed a good idea of the type of legislation the Task Force was recommending. The BDRs were due to the Legislative Counsel Bureau by September 1, 2010, when bill drafting will start. It is done on a first come, first served basis. The sooner BDRs can be submitted, the higher up on the priority list they will be.

Dr. Rawson encouraged the Task Force members to get issues defined as soon as possible.

Mr. Schaich expressed concern about the requirements in the HIE Cooperative Agreement regarding the inventory of the legal framework for facilitating HIE. Specifically, he requested more information about the logistics of the inventory, since there was no Subcommittee addressing it. Ms. O'Mara responded that the work would be contracted out, as the results would be needed by all of the Subcommittees, and it would be done concurrently with the environmental scan.

Ms. O'Mara reviewed the various sections of the draft report to the Governor. The Task Force then discussed the draft report. Dr. Rawson commented on the current status of Nevada's economy and probable impact on any funding recommendations the Task Force might make.

Mr. Bennett remarked that he wanted to encourage the Task Force not to shy away from making recommendations about what would be necessary to enable and support HIE in Nevada.

Dr. Rawson stated that he was not discouraged about moving ahead with this program, even though there were many pressing issues in the state. He also reminded the committee about the privacy issues, as it was most important to protect patient's individual health information and utilize medication reconciliation management techniques to monitor medication consumption and related issues; complications from medication interactions was a serious issue, and HIT could be a useful tool for proactively working to resolve this problem.

Mr. Schaich recommended that the report include the need for funding to address broadband access in the rural areas of the state. Dr. Rawson agreed. Ms. O'Mara noted that the Broadband Task Force was not provided with the same opportunity as this Task Force to make those kinds of recommendations. Therefore, she would add a section to address these concerns particularly as they related to HIE efforts.

Mr. Hsu asked that given the April 30 deadline for the report, would it be possible to provide the type of policy information mentioned, as part of this preliminary report. Mr. Willden responded that he would suggest between now and the April 30th deadline, if specific legislation could be referenced for the BDRs, e.g., an Arizona or Utah framework, it would help the bill drafters. He stated that it would also help him to better direct staff in preparing supporting budget decision units for consideration.

Mr. Hsu asked if it would be useful to attach the various models for consideration by LCB for bill drafting purposes and for the Budget Office, to help identify funding areas, e.g., broadband access. Mr. Willden replied that it would.

Mr. Duarte commented that Nevada Medicaid had submitted a Technology Improvement Request (TIR) for a take-over or a long-term replacement plan for the Medicaid Management Information system, or MMIS. The related vendor RFP included a requirement for HIE capability, and he requested that these kinds of activities be included in the report. Dr. Rawson directed Ms. O'Mara to add the requested information.

Dr. Rawson stated appreciation for all the comments received, and commented he was anxious for the subcommittees to begin their work and move forward as quickly as they could.

Mr. Bennett asked a question Mr. Duarte and Mr. O'Mara to comment the opportunity for connecting the Medicaid HIE with a statewide infrastructure, given the potential complexity of the related Medicaid regulations and rules.

Mr. Duarte responded that the opportunity was there. He explained that a cost allocation procedure in place that could facilitate the expansion of the Medicaid HIE, making it usable by others.

Ms. O'Mara stated that there were also ARRA broadband applications which might also offer similar or complementary opportunities, and the Medicaid could be the foundation of a statewide HIE. It was something that the HIE Governance Subcommittee would need to consider. She also mentioned the UNR College of Business was a resource in assisting with reviewing and evaluating the options available for establishing a statewide HIE.

Dr. Rawson cited public safety's radio network problems throughout the state, which resulted from the use of different frequencies and systems. This made it very costly and difficult to get everyone to be able to communicate with each other. He cautioned that a comprehensive approach was warranted, to ensure inadequacies were not built into whatever system was selected.

Ms. Bond stated the need for all five Subcommittees to coordinate their efforts, particularly as each had a financial impact. She suggested that each Subcommittee provide that information to the Financial Subcommittee and to the DHHS staff, for the Governor's report and for the work yet to be done. Dr. Rawson agreed. Ms. O'Mara noted that she would be participating at all Subcommittee meetings, and could facilitate the exchange of information and ideas. Ms. Bond replied she concerned that the financial issues that come out of the different subcommittees and wanted to be certain that all financial issues are communicated. Again, Dr. Rawson agreed, and directed DHHS staff to help the Subcommittees relay important information to each other. Ms. O'Mara commented that if there were anything which needed to be address by DHHS, she would notify Mr. Willden.

6. Public Comment and Discussion

Dr. Rawson asked for any public comment. There was none. He noted that the next meeting was scheduled for May 7, 2010.

7. Adjournment

Dr. Rawson adjourned the meeting at 10:36 a.m.